

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006415

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

FILED MAR 7 1962

Primary Registration District No. 1002

Registrar's No.

913

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN KANSAS CITYLength of stay in lb  
58 YEARS

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

COUNTY JACKSON

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION ST. JOSEPH'S HOSPITALInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

2228 EAST 68TH STREET

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ROSE

MARY

BONAR

4. DATE  
OF  
DEATH

Month

Day

Year

FEBRUARY 14 1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10/20/03

## 9. AGE (last birthday)

58

## 10. IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

SECRETARY

10b. KIND OF BUSINESS OR INDUSTRY  
MACK TRUCK  
CORPORATION11. BIRTHPLACE (City and state or country)  
KANSAS CITY, MO.12. CITIZEN OF WHAT COUNTRY  
U. S. A.

## 13a. FATHER'S NAME

JOSEPH R. CARLL

## 13b. MOTHER'S MAIDEN NAME

MARY A. MALL

## 14. NAME OF HUSBAND OR WIFE

LYLE BONAR

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
NO

## 17. INFORMANT

LYLE BONAR

Address  
2228 EAST 68TH ST.  
KANSAS CITY, MO.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

Respiratory paralysis  
Cerebral edema  
Cerebral infarctionINTERVAL BETWEEN  
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 2-6-62 to 2-14-62 and last saw her alive on 2-14-62.  
Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

## 23b. DATE

FEB. 16, 1962

## 23c. NAME OF CEMETERY OR CREMATOR

FOREST HILL CEMETERY

## 23d. LOCATION (City, town, or county)

KANSAS CITY

MISSOURI

## 24. FUNERAL DIRECTOR

ADDRESS

1331 BRUSH CR.

## 25. DATE RECD. BY LOCAL REG.

2-16-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edward M. Storey*

Licensed Embalmer No.

*4452*

P. O. Address

*K. C. 10 Ave.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.